MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERRALDO / 531436				FILING DATE			
(FOR USF TH FORM PTO-875)									APPLICANT(S)						
						(CLAIM	S							
	AS F	ILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.	
2	1	-,						51						DEI.	
3		,				 	1	52 53				 			
4)					1	54		 			 	 	
5	- 	'				 		55						<u> </u>	
7								<u>56</u> 57							
8		1					j i	58							
9 10		- !					}	59							
11							}	60							
12							<u> </u>	62			<u></u>	 			
13		1					l i	63							
14 15					-:			64							
16	1						Į į	65 66							
17		1					i t	67							
18 19		. 1					[68.							
20		•					}	69							
21							l I	71							
22								72							
23								73 74							
25								75							
26								76					i		
27 28							1	77							
29							ŀ	78 79							
30								80							
31 32							ŀ	81							
33		-						82 83							
34		-						84							
35 36			\longrightarrow					85							
37							ŀ	86 87							
38								88							
39.								89							
40								90 91							
42							. [92							
43			I					93							
44							 	94 95		∦					
46							ŀ	96							
47								97							
48 49								98 99							
50						<u> </u>		100							
TOTAL IND.	4	1		4		#		TOTAL IND.		4		4		#	
TOTAL DEP	16	4		4		(=	1	TOTAL DEP.		*		4		◆ ■	
TOTAL CLAIMS	20							TOTAL CLAIMS							
PTO - 1360	(REV. 11/04)		,		·			· · · · · · · · · · · · · · · · · · ·		U.S. DEPART			·		